

Page 2 of 2 Filed 10/24/2005 Case 1:04-cv-11935-DPW Document 116 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label)

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102595-02-M-1540

PS Form 3811, February 2004